



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jonathan S. Stamler and Andrew J. Gow

Application No.: 08/874,992 Group: 1627

Filed: 12 June 1997 Examiner: Celsa, B.

For: NO-Modified Hemoglobins and Uses Therefor

RECEIVED
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TECH CENTER 1600/2300

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>December 13, 2000</u>	<u>Deborah J. Englund</u>
Date	Signature
<u>Deborah J. Englund</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	14	MINUS	* 52	0
INDEP	6	MINUS	** 35	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$ 9	\$
X	\$40	\$
+	\$135	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$18	\$
X	\$80	\$
+	\$270	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for a <input type="checkbox"/> month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	=====

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for a one month Extension of Time	\$	55
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Request for Continued Examination	\$	355
	_____	\$	_____
	TOTAL:	\$	410

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol A. Egner
Carol A. Egner
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Lexington, Massachusetts 02421-4799

Dated: December 13, 2000